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Patient: _____
 Phone: _____ D.o.B.: _____
 Physician: _____
 Phone: _____ Fax: _____
 NPI: _____

DIAGNOSIS CODE

- | | | | | |
|--|-------------------------------|--------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> 70700 (decubitus ulcer/site not specified) | <input type="radio"/> Stage I | <input type="radio"/> Stage II | <input type="radio"/> Stage III | <input type="radio"/> Stage IV |
| <input type="checkbox"/> 70701 (decubitus ulcer/elbow) | <input type="radio"/> Stage I | <input type="radio"/> Stage II | <input type="radio"/> Stage III | <input type="radio"/> Stage IV |
| <input type="checkbox"/> 70702 (decubitus ulcer/upper back) | <input type="radio"/> Stage I | <input type="radio"/> Stage II | <input type="radio"/> Stage III | <input type="radio"/> Stage IV |
| <input type="checkbox"/> 70703 (decubitus ulcer/lower back) | <input type="radio"/> Stage I | <input type="radio"/> Stage II | <input type="radio"/> Stage III | <input type="radio"/> Stage IV |
| <input type="checkbox"/> 70704 (decubitus ulcer/hip) | <input type="radio"/> Stage I | <input type="radio"/> Stage II | <input type="radio"/> Stage III | <input type="radio"/> Stage IV |
| <input type="checkbox"/> 70705 (decubitus ulcer/buttock) | <input type="radio"/> Stage I | <input type="radio"/> Stage II | <input type="radio"/> Stage III | <input type="radio"/> Stage IV |
| <input type="checkbox"/> 70706 (decubitus ulcer/ankle) | <input type="radio"/> Stage I | <input type="radio"/> Stage II | <input type="radio"/> Stage III | <input type="radio"/> Stage IV |
| <input type="checkbox"/> 70707 (decubitus ulcer/heel) | <input type="radio"/> Stage I | <input type="radio"/> Stage II | <input type="radio"/> Stage III | <input type="radio"/> Stage IV |
| <input type="checkbox"/> 70709 (decubitus ulcer/NEC) | <input type="radio"/> Stage I | <input type="radio"/> Stage II | <input type="radio"/> Stage III | <input type="radio"/> Stage IV |
| <input type="checkbox"/> 70710 (ulcer of the lower limbs, not decubitus) | | | | |
| <input type="checkbox"/> 7078 (chronic skin ulcer) | | | | |

Other Diagnosis: _____

Wound Type: Venous Arterial Diabetic Partial Thickness Full Thickness

Surgery/Debridement Date: ____/____/____ Mechanical Chemical Autolytic Surgical

Drainage: Dry Minimal Moderate Heavy

Frequency of Change: 1 x Daily 2 x Daily 3 x Weekly Other _____

Duration of Need: 30 Days 60 Days 90 Days Other _____ Months

Prognosis: Good Fair Poor

Home Health Pt: Yes No

Wound 1: Location R or L _____ Size & Depth in cm's _____ cm x _____ cm x _____ cm

Wound 2: Location R or L _____ Size & Depth in cm's _____ cm x _____ cm x _____ cm

Wound 3: Location R or L _____ Size & Depth in cm's _____ cm x _____ cm x _____ cm

Wound 4: Location R or L _____ Size & Depth in cm's _____ cm x _____ cm x _____ cm

- | | | | |
|---------------------------------|---|--|-----------------------------------|
| <input type="radio"/> Dry Wound | <input type="radio"/> Moderate to Heavy | <input type="radio"/> Minimal to Heavy | <input type="radio"/> Basic Wound |
| - Hydrogel Gauze | - Calcium Alginate | - Collagen | - Gauze |
| - Kerlix AMD Roll | - ABD Pad | - Kerlix AMD Roll | - Kerlix AMD Roll |
| - Tape | - Conform Roll & Tape | - Tape | - Tape |
| Packs Sent _____ | Packs Sent _____ | Packs Sent _____ | Packs Sent _____ |

Dressing	Frequency	Wound 1	Wound 2	Wound 3	Wound 4
Transparent Dsg	3 x Weekly				
Packing Sting 1/2 x 5 yds	Daily				
Xeroform 5 x 9	Daily				
ABD Pad	Daily				
Foam	3 x Weekly				
Hydrocolloid	3 x Weekly				
Other					
Other					
Other					

BY SIGNING BELOW, I AUTHORIZE the use of this document as a legal prescription, and I certify that the above prescribed items are medically necessary and reasonable, and are not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to medicare, their authorized agents or other insurer, if required.

Signature _____ **Date** _____ **NPI#** _____